AMENDED IN ASSEMBLY JUNE 1, 2007 AMENDED IN ASSEMBLY APRIL 24, 2007 AMENDED IN ASSEMBLY APRIL 10, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 13

Introduced by Assembly Member Laird

December 4, 2006

An act relating to maternal dental care.

LEGISLATIVE COUNSEL'S DIGEST

AB 13, as amended, Laird. Maternal dental care.

Existing law requires the State Department of Health Services to maintain a program of maternal and child health and to develop or obtain a brochure to educate pregnant women and new parents about the important role of maintaining a healthy lifestyle and preventing chronic diseases. Effective July 1, 2007, these duties will transfer to the State Department of Public Health.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. Under existing law, one of the services provided under the Medi-Cal program is dental services, subject to limitations.

This bill would request the Regents of the University of California to, among other things, host a one-day conference to bring together approximately 30 academic experts, convene a task force of medical and dental-practice faculty experts, policy experts, and community leaders to develop a consensus on best review scientific research literature, standards and guidelines used in other states, and other

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relevant information on practices or standards regarding the timing and level of dental care for the dental treatment of pregnant women report of its findings. The bill would also request the Regents of the University of California to present the guidelines and recommendations that emerge from the one-day conference at a larger one-day workshop. The bill would also require the Regents of the University of California to submit these recommendations and guidelines to the Legislature and to the State Department of Health Care Services—and, the State Department of Public Health, and to the Dental Board of California, and would require—both—departments—each of these agencies to post these recommendations and guidelines on their respective Web sites.

This bill would provide that these provisions would be implemented only if sufficient funding has been made available to the Regents of the University of California for this purpose by January 1, 2010, as prescribed.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the 2 following:

- (a) Evidence suggests that there is considerable disagreement among both medical and dental professionals regarding the appropriate types of, and time periods for, dental care for pregnant women. This lack of clarity discourages dental providers from providing care to pregnant women and therefore acts as a barrier to the timely receipt of critically important care.
- (b) Pregnancy and early childhood are particularly important times to assess oral health because the consequences of poor oral health care can have a lifelong impact. There is increasing evidence suggesting a link between periodontal disease and low birth weight deliveries. Pregnant women with gum disease may be as much as seven times as likely to have a baby born too early or too small. Preterm births account for 35 percent of all health care spending in the United States for infants and 10 percent of all health care spending for children. Preterm births are responsible for three-quarters of neonatal mortality and one-half of long-term neurological impairments in children.

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(c) In addition to the consequences of premature birth, the presence of decay-causing bacteria in the mother has been shown to be the source of dental caries (tooth decay) in infants and toddlers. Dental caries is the most prevalent chronic disease in children. A review of literature shows there are several critical events in the causation of caries in young children, one of which is the acquisition of infection with streptococcus mutans, the bacteria most responsible for the initiation of caries.

- (d) A recent study by the California Healthcare Foundation found that fewer than one in five Medi-Cal enrolled pregnant women received any dental services during pregnancy.
- (e) It is the intent of the Legislature to address this barrier to dental care in order to help ensure the health of pregnant women and reduce the risk of adverse birth outcomes and disease in newborns.
- SEC. 2. (a) The Regents of the University of California are hereby requested to do all of the following:
- (1) Convene a task force of medical and dental faculty experts to review scientific research literature, standards and guidelines used in other states, and other relevant information, on current practices regarding the timing and level of dental care for pregnant women, and produce a report describing its findings.
- (2) Facilitate the development of a consensus regarding standard clinical practice guidelines on the dental care treatment of pregnant women through a process that invites input of: practicing dentists and obstetricians/gynecologists, oral health experts and advocates, reproductive health experts and advocates, relevant professional dental and medical associations, the State Department of Health Care Services, the State Department of Public Health, and relevant national professional organizations such as the American Dental Association and the American College of Obstetrics and Gynecology.
- (3) Draft standard clinical practice guidelines for the dental care treatment of pregnant women and deliver these guidelines, within 12 months after this act becomes operative as described in Section 3, to the relevant committees of the Legislature and to all of the following entities which shall place the guidelines on their respective Web sites: the State Department of Health Care Services, the State Department of Public Health, and the Dental Board of California.

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 (b) (1) Subdivision (a) shall be implemented only if a minimum of one hundred seventy-five thousand dollars (\$175,000) in public and private funds are made available to the Regents of the University of California by January 1, 2010, for this purpose, as determined by the Director of Finance.

- (2) It is the intent of the Legislature that not more than one hundred twenty-five thousand dollars (\$125,000) in General Fund moneys shall, through the Budget Act or other measure, be appropriated for purposes of this section, and that if the total minimum funding is not achieved by January 1, 2010, any General Fund moneys appropriated for this purpose shall revert to the General Fund.
- (3) If the Director of Finance determines that the minimum funding level has been achieved, it shall transmit a written notice to the Chief Clerk of the Assembly and the Secretary of the Senate within 30 days of the determination.

SECTION 1. The Legislature finds and declares all of the following:

- (a) There continues to be considerable confusion among both medical and dental professionals regarding the time periods when pregnant women should receive dental care. Both medical and dental providers regularly raise questions about this. A comprehensive Internet search of otherwise credible Web sites yields conflicting information. Recommendations often are derived from anecdotal evidence. There still seems to be an accepted notion, unsupported by the scientific literature, that dental treatment for the pregnant mother is safe only during the second trimester. This confusion on the part of the medical, dental, and lay community results in a barrier to the timely receipt of critically important care.
- (b) Pregnancy and early childhood are particularly important times to access oral health care because the consequences of poor oral health can have a lifelong impact. There is increasing evidence suggesting a link between periodontal disease and low-birth weight deliveries. Pregnant women with gum disease may be as much as seven times more likely to have a baby born too early or too small. Preterm births account for 35 percent of all health care spending in the United States for infants and 10 percent of all health care spending for children. Preterm births are responsible for three-quarters of neonatal mortality and one-half of long-term

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neurological impairments in children. These numbers have changed little over the past 40 years.

- (e) In addition to the consequences of a premature birth, the presence of decay causing bacteria in the mother has been shown to be the source of dental caries or tooth decay in the infant and toddler. Dental caries are the most prevalent chronic infectious disease in children. A review of the literature shows that there are several critical events in the causation of caries in young children. One pivotal event is the acquisition of the infection with streptococcus mutans, the bacteria most responsible for the initiation of caries.
- (d) It is the intent of the Legislature to address this barrier to help ensure the health of pregnant women and reduce the risk of adverse birth outcomes and disease in newborns.
- SEC. 2. The Legislature hereby requests the Regents of the University of California to do all of the following:
- (a) Host a one-day conference to bring together approximately 30 academic experts, medical and dental practice experts, policy experts, and community leaders to develop a consensus on best practices or standards of care for the dental treatment of pregnant women. It is the intent of the Legislature for this consensus to be based upon an examination and evaluation of the latest research from experts in the field, and a discussion of the standard's implications for clinical practice through a comprehensive process. It is the intent of the Legislature for this conference to include an experienced facilitator and nationally recognized experts who are familiar with current research and who will share that information with conference participants. It is also the intent of the Legislature for this consensus to set the stage for programmatic and policy changes in this state.
- (b) Present the guidelines and recommendations that emerge from the one-day conference at a larger one-day workshop that includes the leadership of medical and dental organizations and associations and representatives from the California First 5 Commission, maternal and child health agencies and advocates, managed care plans, primary care associations, medical and dental schools, comprehensive perinatal services, and relevant governmental agencies. It is the intent of the Legislature for the workshop faculty to include nationally recognized experts. It is also the intent of the Legislature for this workshop to provide an

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opportunity to inform and educate approximately 130 leaders in medicine, dentistry, and academia who interface with pregnant women and provide education as well as treatment in a variety of settings. The product of these events would be published recommendations on providing dental care to pregnant women.

(e) Disseminate the recommendations and craft suitable guidelines on how to inform and educate medical and dental providers on the best practices and standards of care for the dental treatment of pregnant women. The Regents of the University of California shall submit these recommendations and guidelines to the State Department of Health Care Services and the State Department of Public Health. Both departments shall post the recommendations and guidelines on best practices and standards of care for the dental treatment of women on their respective Web sites.